

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____				
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2	1		1		1		52						
3		7		1		1	53						
4	1						54						
5		1		1		1	55						
6	1						56						
7	1						57						
8	1						58						
9		6		2	2	2	59						
10		2		2	3	3	60						
11		8					61						
12		8			3	3	62						
13				1		1	63						
14				1		1	64						
15				1		1	65						
16			1		1		66						
17				1		1	67						
18				1		1	68						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		2		3		TOTAL IND.						
TOTAL DEP.	32		12		15		TOTAL DEP.						
TOTAL CLAIMS	38		14		18		TOTAL CLAIMS						

PTO-1320 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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